National Health INSURANCE PLAN

NHIB WARD OF THE STATE ENROLLMENT FORM

PLEASE USE BLOCK CAPITALS WHEN COMPLETING THIS FORM

Member Name:			Effective Date:	
DOB (mm/dd/yyyy):		Marital Status:	☐ Single ☐ Married ☐ Divorced ☐ Widowed	
Gender:	☐ Male ☐ Female		Occupation:	
Country of Birth:			NHIP #:	
Home Address:				
Area:				
Island:			Country:	
Phone:			Other Phone:	
E-Mail Address:				
Private Insurance:	☐ Yes ☐ No		Insurer:	

TCI Status Card #:		**Date From;**	
NIB#:		**Date From:**	
Passport # / Country:		**Date From/Thru:**	
Driver's License # / Country:		**Date From/Thru:**	
***Work Permit #:**		**Date From/Thru:**	

Declaration by Official Department: I, _____ (full name of applicant) declare that the particulars provided by the department in this enrollment form is true and correct.

Signed by: _____ Date (mm/dd/yyyy): _____

Declaration by Ward of the State: I, _____ (full name of applicant) hereby declare that the information I have provided in this application is true to the best of my knowledge and belief and I make it knowing that if I have made any false or misleading statements I am liable to be prosecuted under the National Health Insurance Ordinance.

Signed by: _____ Date (mm/dd/yyyy): _____

CONSENT TO RECEIVE AND RELEASE MEDICAL INFORMATION

I, _____ (full name of applicant), hereby give permission to the National Health Insurance Board to receive and release medical records or other information about my medical records to individuals who will be involved in the delivery of medical treatment to me. The authorization is indefinite while I am enrolled in the National Health Insurance Plan, unless I inform the National Health Insurance Board that I no longer authorize the disclosure of information.

Print Name: _____ Signature: _____

Date (mm/dd/yyyy):

FOR OFFICIAL USE:

RECEIVED BY: _____ DATE: _____

DEPARTMENT STAMP

12/16

NHIB WARD OF THE STATE ENROLLMENT FORM

NATIONAL HEALTH INSURANCE BOARD ENROLLMENT REQUIREMENTS

WARD OF THE STATE ENROLLMENT

Please remit the following **along with** the completed enrollment form:

- ☐ **COPY OF VALID IDENTIFICATION**

- ☐ **VERIFICATION OF WARD OF THE STATE STATUS**
  - ☐ HM Prison Stamp on enrollment form (or)
  - ☐ Social Development Department Stamp on enrollment form
  - ☐ ***If applicable***, a letter confirming Ward of the State status

Applicants are to submit **all** required documents upon registration.